



CABINET FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
FRANKFORT, 40621-0001



DEPARTMENT FOR MEDICAID SERVICES
"An Equal Opportunity Employer M/F/D"

******* PROVIDER NOTICE *******

July 2, 2003

Dear Provider:

This is to remind you about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program - a preventive health and treatment program for Medicaid-eligible children under age 21. There are two components of EPSDT:

- 1) It covers preventive health care for all Medicaid-eligible children.
- 2) It also provides coverage for children to receive medically necessary health services that are allowable under Federal Medicaid rules, even if the service is not usually covered by Kentucky's Medicaid plan.

The EPSDT screening is an open access service and may be provided by the primary care physician, advanced registered nurse practitioners, local health departments, licensed primary care centers, or licensed rural health clinics. An approved EPSDT screening provider offers basic screening services for eligible recipients as appropriate for age and health history. The ages for screening examinations are in accordance with the American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care". It is our hope that primary care providers will provide preventive care to all their enrolled children, or refer them to a screening provider.

In addition, EPSDT Special Services are available to eligible children. These services are health care, diagnostic services, preventive services, rehabilitative services, treatment, and other measures that are not otherwise covered under the Kentucky Medicaid Program, but are allowable Medicaid services under Federal rules. EPSDT Special Services must be pre-authorized and medically necessary to correct or ameliorate defects, physical and mental illnesses, or conditions of a particular Medicaid-eligible child. These services are to be provided within a reasonable time, including initiation of treatment, generally within six (6) months after screening request has been made.

If you have a child who needs a medical treatment service which is not usually covered by Medicaid you must refer to an enrolled EPSDT provider. The enrolled provider must request pre-authorization from Healthcare Review Corporation (800-292-2392) to provide the service. The request for authorization should be made prior to providing services, except in emergency situations.

If you would like to provide EPSDT Special Services contact Provider Enrollment at (877) 838-5085. To enroll, the provider must be licensed, certified or otherwise authorized by state law to provide the particular service, and meet Medicaid's requirements for providing the particular service.

If you have questions or need additional information, please contact the Children's Program Branch at (502) 564-6890.

"...promoting and safeguarding the health and wellness of all Kentuckians."

